

**Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	TREATMENT OF SEVERE DISTAL COLITIS
Attorney Docket Number::	C0875.70019US02
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	8
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Paul
Family Name::	Rufo
City of Residence::	West Roxbury
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	35 Maxfield Street
City of mailing address::	West Roxbury
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02132

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Wayne  
Middle Name:: I.  
Family Name:: Lencer  
City of Residence:: Jamaica Plain  
Country of Residence:: MA  
Street of mailing address:: 60 Louder Lane  
City of mailing address:: Jamaica Plain  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02130

#### **Correspondence Information**

Correspondence Customer Number:: 23628

#### **Representative Information**

Representative Customer Number:: 23628

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	US2004/030813	09/20/04

#### **Foreign Priority Information**

#### **Assignee Information**

Assignee name:: Children's Medical Center Corporation  
Street of mailing address:: 300 Longwood Avenue  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02115